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Complete if Known Substitute for form 1449/PTO **Application Number** 10/775,447 Filing Date February 10, 2004 INFORMATION DISCLOSURE First Named Inventor Kutnyak STATEMENT BY APPLICANT Art Unit 2875 (Use as many sheets as necessary) Negron **Examiner Name**

Attorney Docket Number 570056.90041 Sheet 1

				DOCUMENTS	Pages, Columns, Lines, Where
Examiner Initials*	Cite No.	Document Number Number-Kind Code ^{2 (f known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Relevant Passages or Relevant Figures Appear
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Examiner Initials*	Cite No.	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	₹6.
		Country Code ³ Number ⁴ "Kind Code ⁵ (if known)	MM-DD-1111			\vdash
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	_			U.S. PATENT DOC	JMENTS	
Examiner		U.S. Patent	Document Kind Code ²	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant
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Examiner Initials*	Cite No.1	Foreign Patent Document			Name of Patentee or	Date of Publication of Cited Document	Pages, Columns, Lines, Where Relevant	
		Office ³	Number ⁴	Kind Code ^s (If known)	Applicant of Cited Document	MM-DD-YYYY	Passages or Relevant Figures Appear	Τª
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